

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
OUIP.E. CLASSIFIER			
FORMALITY REVIEW			

Responsee

4-5 932 866 3/3/01 11-13-01

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
- (Through numeral)	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

(1 FPT INSIDE)

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